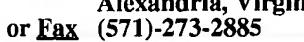
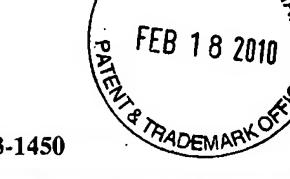
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
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appropriate. All further indicated unless correcte maintenance fee notifical		ng the Patent, advance of the parties of the patent, advance of the patent, advance of the patent of the patent of the patent, advance of the patent of the paten	n) specifying a new corre	spondence address;	and/or	(b) indicating a separ	rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
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, ALEXANDRIA	, VA 22320-4030					7275 2005, 01 1110 01	(Depositor's name)
, ,							(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	₹	ATTOR	NEY DOCKET NO.	CONFIRMATION NO.
10/578,510 05/08/2006			Nobuyuki Suda		127956		9430
TITLE OF INVENTION: PIERCING DEVICE 02/19/2010 HVUONG2 00000027 10578510							
				01 FC	:1501	5505062	
				02 FC			1519.00 Op
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE		EFEE	TOTAL FEE(S) DUE	
nonprovisional	NO	\$1510	\$300	<b>\$</b> 0		\$1810	03/01/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS	j			
CHOI, STEPHEN 3		3724	083-866000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
BRIDGESTONE CORPORATION			TOKYO, JAPAN				
Please check the appropri	iate assignee category or	categories (will not be pr	inted on the patent):	Individual 🖾 Co	orporatio	on or other private gro	up entity Government
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							hown above)
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